

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS							
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	
1	1						51
2	1						52
3	2						53
4	2						54
5	2						55
6	2						56
7							57
8							58
9							59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
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32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	1						TOTAL IND.
TOTAL DEP.	9	←	←	←			TOTAL DEP.
TOTAL CLAIMS	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS